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PATENT ATTORNEY DOCKET NO. 1999P07652 US 02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Shaffer, et al.) CERTIFICATE OF FACSIMILE TRANSMISSION
Serial No.:	09/333,806	The undersigned hereby certifies that this document
Filed:	June 15, 1999	is being facsimile transmitted to the fax number and date given below.
Title:	APPARATUS AND METHOD FOR TOL CLIENT BOUNDARY PROTECTION) Facsimile Number:571-273_8300) No. of Pages: _Fxt (1) + RCE (2) + Pre (9) +
Group Art U	nit: 2134	By: 1000 Page
Eveminer (Callahan	Jeanatte L. Taplin

REQUEST FOR CONTINUED EXAMINATION (RCE)

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

TIME REQUEST IS BEING MADE

2.	This request is being submitted:				
i.	[x]	Prior to abandonment of the application			
li.	[]	With payment of the issue fee			
	ij	Prior to payment of issue fee			
		Issue fee has been paid but a petition under §1.313 has been granted			
III.	Ü	Prior to a decision on appeal to the Board of Patent Appeals & Interferences			
	[] Interl	A notice is being separately sent to the Board of Patent Appeals & erences that this Request for Continued Examination is being filed.			

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790.00 DA

ENCLOSURES

- 3. Enclosed herewith is/are:
 - [X] A Petition for Extension of Time for <u>two (2)</u> month(s).
 - [] Please enter the Amendment filed
 - Please enter the enclosed Preliminary Amendment (accompanied by a Terminal Disclaimer).
 - [] An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and __references.
 - [] New arguments
 - New evidence in support of patentability
 - [] Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. [x] Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Prese Extra	nt x Rate	Additional Fees
Total Claims	20	-20	=0	x \$ 50	\$ 0.00
Indep. Claim	4	-4	=0	x \$200_	\$ 0.00
[]First	resentation of a Multip	le Dependent Claim		+ \$300	\$ 0.00
•			Basic Filing Fee		\$ 790.00
				Total	\$ 790,00

5. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of \$<u>790.00</u>. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

PLEASE MAIL CORRESPONDENCE TO:

Respectfully submitted,

Siemens Corporation

Customer Number: 28524

Attn: Elsa Keller, Legal Administrator Intellectual Property Department

170 Wood Avenue South

Iselin, NJ 08830

David D. Chung, Reg. No. 38,409

Direct Dial: (650) 694-5339

Fax: (650) 968-4517